

EXHIBIT G

DAVIESS COUNTY DETENTION CENTER

Facility Admission Report

3337 HWY 60 E.—OWENSBORO, KY 42303

Phone: (270) 685-8466

Fax: (270) 685-8449

Booking #

2157711

Jacket#

153665



WEINTRAUB, WILLIAM DAVID

Detainee Name: WEINTRAUB, WILLIAM DAVID

Alias:

SSN: 115-54-7668

Birth Place: NY

Address: PO BOX 3344

City: BOLDER

State: CO

Zip Code: 80307

Phone:

Occupation:

M:

D

M:

#

US Citizen: ☒

Medical File

Sex: Male

Race: White

Height: 6' 8"

Weight (lbs.): 280

Other Features: SCAR R/RING FINGER

Hair Color: BROWN

Eye Color: BROWN

Complexion: FAIR

Build: LARGE

Arresting Authority: PRISONER TRANSPORT SERVICE

Arresting Officer: PTS

Searching Officer: ISBILL, CHRIS

Booking Officer: EDGELL, W. DEWAYNE

Book Date/Time: 04/18/2014 11:31

Last Rebook Date/Time:

Booking Assistant Officer(s):

Telephone Call: NO

Number Called:

Cell Assignment: B1B184

Classification: CONTRACT

County of Charge:

Property Storage Location(s):

Contact Information

Contact Type	Name	Address	City	State	Zip Code	Phone
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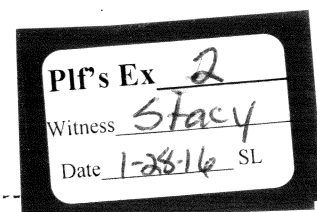
Current Charges

Case #:	Case Bond Type:	Case Bond Amount:
Charge Case #	Charge Code	Counts Charge Description
		Citation/Control # Charge Bond
		Amount

I certify that the above information is correct to the best of my knowledge.

Detainee Signature

Staff Signature



Standard Medical/Mental Health Questions

Name: WEINTRAUB, WILLIAM DAVID - (2157711)

Date of Birth: 10/07/1966

Interviewer: EDGELL, W. DEWAYNE

Date / Time: 04/18/2014 11:33

Yes No

- ☒ ☐ Do you have a Medical, Mental or Developmental Disability that needs attention?
THYROID
- ☒ ☐ Are you currently taking any prescription medication(s)?
LEVOTHYROXIM SODIUM
- ☐ ☒ Have you ever attempted suicide or self mutilation?
- ☐ ☒ Are you currently thinking about suicide or self mutilation?
- ☐ ☒ Have you been hospitalized for emotional problems with the last year?
- ☐ ☒ Have you recently ingested a dangerous level of drugs and/or alcohol?
- ☐ ☒ Have you ever experienced DT's or other withdrawals from drugs or alcohol?
- ☐ ☒ Have you ever suffered a head trauma that required hospitalization?
- ☒ ☐ Do you have any food or medication allergies?
TAO
- ☐ ☒ Have you experienced or do you now have a cough that has existed longer than 3 weeks?
- ☐ ☒ Have you recently experienced a loss of appetite?
- ☐ ☒ Have you recently experienced night sweats?
- ☐ ☒ Have you recently experienced excessive fatigue?
- ☐ ☒ Have you recently or do you now have a fever?
- ☐ ☒ Have you lost 5 or more pounds in the last month?
- ☐ ☒ Are you diabetic?
- ☒ ☐ Do you understand to receive medical care, a Sick Call Form must be completed?
- ☒ ☐ Do you understand to notify staff immediately if you need emergency medical care?
- ☒ ☐ Do you understand that Medical Care may be refused at any time by you?
- ☐ ☒ Are you pregnant?

Detainee's Signature

Officer's Signature

PIS

Narrative Progress Note

Inmate's Name Weintraub, William ID Number _____

Date / Time	SOA	PLAN
4/24/14	1m to medical. c/o intense abdominal pain	
1600	after passing gallstone last night. 1m c/o PM and antacid. 1m also has been having nausea and vomiting. States he was vomiting blood, no one saw it. 1m did vomit after lunch, witnessed by RN. VS 140/85-109-22. Appears in pain. Will notify MD. ——— D. Beitel, RN	
1730	Spoke to MD. 1m to leave in 30 min. @ new orders. Danielle Beitel, RN	error
(late entry)		
1840	1m to leave in PTS in approx 1 hour. 1m currently in cell, self ambulating. no c/o N/V, no S/S of distress. Gave oncoming nurse report on 1m's situation et upcoming transport. ——— D. Beitel, RN	
1930 4/24/14	Inmate aware of getting ready to leave on PTS bus. Requested something for pain. Tylenol 1000mg given PO @ this time per medication order. No S/S of distress noted @ this time. ——— M. Zhou	

MO04

Revised: 11/2010

Revised: 07/2012

7/1/61

ALLERGIES: TPO

Time: 1

Blood Sugar Results (If on medication): _____
Peak Flow Results (If on inhaler): _____

Resp: _____ (Vitals if indicated)

Pulse:

Temp: 70.0

BR-

Vitals:

[illegible]

Practitioner's Name.

0711 papamaldyng

Reviewed: 11/2012

Revised: 12/2012.

Source: Medical Advisory Board.

These principles
pragmatically.

00-00a Medication Verification Form

Notae/Officer's Name

Delivered by:

Date:

Received by:

Date:

PTS

() Telemedicine () New Visit () Follow-up

() MD () NP/PA () Nurse

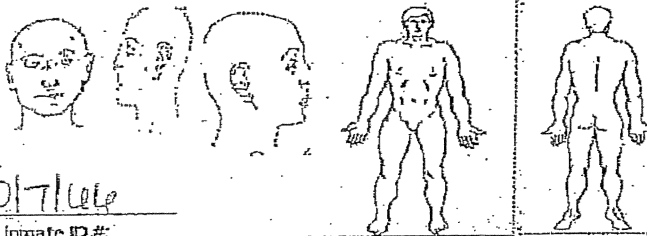
Medical Progress Note

Date: 4/23/14 Time: 1140

Patient Name: Weintraub, William DOB: 10/7/46

Allergies: ~~TAO~~*

Inmate ID #:



Subjective Complaint: c/o severe pain - in abdomen - Duration: 2 days.
 reports "passing out in bathroom this AM" (NO ONE reported)

Vitals: BP: 108/82 Pulse: 78 Resp: 20 Temp: 98.4 WT: 234 80"

Objective

Labs

X-rays

Eye

Head, Ears, Nose, Throat

Lungs/Chest

Heart

Abdomen

Genito-Urinary

Musculoskeletal

Skin

Neuro

Other

MAE -

W/D

AIOX3

Practitioner Assessment:

I'm c/o severe pain in abdomen - specifically RUQ. & reports of N/V. I'm widgeting & flailing on exam table. Unable to lay still for assessment of BS. Reports "can't stand the pain to lay like this" (supine). I'm requesting antacids to be restarted.

Plan: Notify MD

Prilosec 20mg daily
 Tums if needed

No other complaints by patient:

Follow-up: PRN if condition worsens

Patient Education: ↑ fluid intake

Orders Processed By: Kim Staefan

Kim Staefan

Nurse Signature

MOG

Reviewed: 11/2010

Revised: 4/2012

Practitioner Signature

04293

County Jail Sick Call Request Form

Date: 4/21/14 Cell: B184 ID#: 2157711

Inmate Name: William Wentz D.O.B. 10/7/66

Check Service Requested:

- ☒ Doctor/Nurse ()
☐ Dentist ()
☐ Prescription filled ()
☒ Over the counter medication ()

I wish to be seen at sick call because: (Please explain)

lots of pain in stomach, was on malox
3x a day before picked up but it
subsided and returned past few days, very intense
pain.

1. No inmate will be denied medical care due to inability to pay or due to insufficient funds in the inmate's account.
2. Fees will be collected only for services requested by the inmate.
3. No inmate will be charged for medical services required by the County Jail (such as intake screening).
4. All fees will be immediately deducted from the inmate's account. If there are insufficient funds in the account the fees will be debited and the account will show a negative balance. Any money received by the inmate (except bond money) will be first used to satisfy the inmate's debt with the County Sheriff's Office before any money can be used for commissary purchases.

Signatures are required. This acknowledges charges of the above requests.

Inmate signature: William Wentz

Medical Staff signature: Kim Stapp

Results of request: _____

Amount Charged to Inmate's Account: _____

Adopted 9/28/08

Revised: 11/2010

MO59

12/24/14

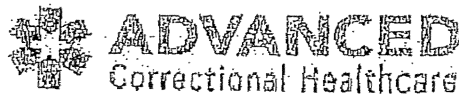
☐ MENTAL HEALTH ROUND

Distribution: Original: For Medical Rounds; Medical Chart. For Mental Health Rounds. MH10 Adopted: 8/2008 Revised: 8/2010

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Levothyroxine 150mg 2 tabs QD 4/18/14	Am																																
Prilosec 20 mg ipodaily 4/22/14	Am																																
						</																											

4/24/14 730 AM Im refused levothyroxine 150mcg
Refused to sign refusal. — R Veach



A Higher Standard. Delivered.

Daviess County Detention Center
3337 Highway 60 East
Owensboro KY 42303

Phone (270) 685.8466 *Fax (270) 685.8271

To: <u>Tim Edder</u>	From: <u>Amy</u>
CC:	Phone:
Fax: <u>270-781-9027</u>	Date: <u>050114</u>
Re: <u>Weintraub</u>	Pages: <u>10</u>

* Urgent

* For Your Records

* Per Your Request

* Please Reply